

ANY CHANGES TO THE INFORMATION PROVIDED BELOW, OR ANY ADDITIONAL TANKS, MUST BE REPORTED TO THIS OFFICE. WHEN CHANGES OCCUR, PLEASE PROVIDE A LETTER, ON OFFICIAL LETTERHEAD, INDICATING SUCH, ALONG WITH THIS FORM.



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
MOTOR FUEL TAX ADMINISTRATION
P.O. DRAWER E
DOVER, DELAWARE 19903-1565
(302)744-2710

OFFICE USE ONLY

EXEMPTION NUMBER:

DATE APPROVED:

EXEMPT ENTITY GASOLINE BULK TANK INFORMATION FORM

Exempt Entity Name: _____

Please provide all requested information. Failure to do so will cause delays in processing the Exemption Application. Please complete as many forms as necessary to include all bulk tanks owned/controlled by the above referenced entity.

Physical Address of Bulk Tank:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Tank Capacity:	_____ gallons		
Name of Gasoline Distributor:	_____		
Distributor's Business Address:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Delaware License Number of Distributor:	_____		

Physical Address of Bulk Tank:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Tank Capacity:	_____ gallons		
Name of Gasoline Distributor:	_____		
Distributor's Business Address:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Delaware License Number of Distributor:	_____		

Physical Address of Bulk Tank:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Tank Capacity:	_____ gallons		
Name of Gasoline Distributor:	_____		
Distributor's Business Address:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Delaware License Number of Distributor:	_____		

Physical Address of Bulk Tank:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Tank Capacity:	_____ gallons		
Name of Gasoline Distributor:	_____		
Distributor's Business Address:	_____	_____	_____
	(Street Address)	(City)	(Zip Code)
Delaware License Number of Distributor:	_____		